



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT KOKOMO HOSPITAL

City of Hospital: Kokomo

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$208653826
Outpatient Patient Service Revenue	\$392737421
Total Gross Patient Service Revenue	\$601391247

2. Deductions From Revenue

Contractual Allowance	\$415250985
Other Deductions	\$10371024
Total Deductions	\$425622009

3. Total Operating Revenue

Net Patient Service Revenue	\$169067530
Other Operating Revenue	\$4747131
Total Operating Revenue	\$173814661

4. Operating Expenses

Salaries and Wages	\$32449481	Employee Benefits	\$9486809
Depreciation and Amortization	\$6110866	Interest Expense	\$501123
Bad Debt	\$6701707	Other Expenses	\$92097216
Total Operating Expenses	\$147347202		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$33169167	Total Assets	\$64282798
Net Non-operating Gains over Loss	\$-5707	Total Liabilities	\$62646370

Total Net Gains	\$33163460
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$315738863	\$253471859	\$62267004
Medicaid	\$95210189	\$75290185	\$19920004
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$190442195	\$96859965	\$93582230
Total	\$601391247	\$425622009	\$175769238

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$186929	\$381856	\$-194927

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$435986	\$-435986
Hospital Patients	\$0	\$143953	\$-143953
Community Education	\$0	\$132996	\$-132996

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	4980
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement
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Hospital Charity Charges	\$9185988
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1965831	
HCI Payments	\$0		
Subtotal	\$0	\$1965831	\$-1965831
Medicaid Shortfalls	\$19438174	\$30805531	
Subtotal	\$19438174	\$32771362	\$-13333188
DSH Payments	\$0		
Subtotal	\$19438174	\$32771362	\$-13333188
Medicare Shortfalls	\$61946664	\$67569129	
Other Government Programs	\$0	\$0	
Total	\$81384838	\$100340491	\$-18955653

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$106616	\$-106616
Community Assessment	\$0	\$462998	\$-462998
Provision of Taxes	\$0	\$10430245	\$-10430245
Other Allocations	\$0	\$0	\$0

Comments

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